

City of Boston--Office of the City Clerk
ARCHIVES & RECORDS MANAGEMENT DIVISION
30 Millstone Road, Hyde Park MA 02136-2324
Tel: 617-364-8679; Fax: 617-361-5729; E-mail: archives@ci.boston.ma.us

CONSENT FOR DISSEMINATION OF STUDENT RECORD

For Myself

I request to inspect or secure a copy of my student transcript. (If for a third party, such as a school or employer, you should confirm that it will accept personal copies. Often the third party requires we send the copy directly to it.)

For Third Party

I give permission for the following third parties to inspect or secure a copy of my student transcript. (Please give the full name and address and we will send it directly to them.)

Name when attending school

Date of birth

School

Year left school

Graduated or not?

Signature of former student

Address, telephone number, email address

Today's date